

A Hidden Epidemic: HIV, Men Who Have Sex with Men and Transgender People in Eastern Europe and Central Asia Regional Consultation

Kyiv, Ukraine
22-24 November 2010

Meeting Report

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*“In countries without laws to protect sex workers, drug users and **men who have sex with men**, only a fraction of the population has access to prevention. Conversely, in countries with legal protection and the protection of human rights for these people, many more have access to services. As a result, there are fewer infections, less demand for antiretroviral treatment and fewer deaths. Not only is it unethical not to protect these groups; it makes no sense from a health perspective. It hurts all of us.”*

Ban Ki-moon,

Secretary-General of the United Nations,

August 2008

UNAIDS Action Framework: Universal Access for Men who Have Sex with Men and Transgender People, 2009¹

¹ UNAIDS Action Framework: Universal Access for Men who Have Sex with Men and Transgender People. Joint United Nations Programme on HIV/AIDS (UNAIDS) 2009.
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/report/2009/jc1720_action_framework_msm_en.pdf

Foreword

Men who sex with men (MSM) have long been recognized as a population at increased risk of HIV transmission in Western Europe. However the situation among this population is less clear in Eastern Europe and Central Asia due to inferior data and behavioral information. Men who have sex with men and transgender people are often socially marginalized due to cultural, religious and socio-political factors which lead to the denial of their health-related rights and other needs.

Yet there is increasing evidence of a hidden HIV epidemic among men who have sex with men in Eastern Europe and Central Asia. MSM in this region are often driven underground by severe stigma, discrimination and even persecution. This constantly-growing HIV epidemic among these populations has led governments, civil society organizations, donors and United Nations agencies (particularly UNDP, WHO, UNAIDS and UNFPA) to increase efforts to better understand the situation and coordinate interventions. In light of this the ***Regional consultation on HIV, MSM and transgender people in Eastern Europe and central Asia*** was organized by UNDP in strong partnership with WHO, UNAIDS, UNFPA and with the financial support of the Global Fund to Fight AIDS, Tuberculosis and Malaria. The development of the agenda, objectives and content of the meeting were guided by an Expert Planning Group (EPG) of community representatives from the region.

This meeting report:

- ***describes the main outcomes of the regional consultation in relation to the HIV prevention, treatment, care and support needs of men who have sex with men and transgender people in eastern Europe and central Asia;***
- ***emphasizes the strong need and demand for the creation of a regional coordination mechanism for advocacy, prevention, treatment and care activities among the MSM and transgender communities;***
- ***summarizes the key recommendations developed by participants of the meeting related to priority areas;***

Participants from civil society and governments reiterated the need for strong partnerships in order to ensure adequate access to prevention, treatment, care and support for MSM and transgender people, generate and analyze strategic information, and support the creation of health systems free of stigma and discrimination.

It is our hope that the outcomes of this meeting will provide a framework for creating a coordinated regional response to the HIV epidemic among men who have sex men and transgender people bringing together the efforts of government representatives, civil society organizations, donors, the United Nations family and others. As a result, this will contribute to the achievement of the health-related Millennium Development Goals (MDGs) and the strengthening of public health in the region as a whole.

Jeffrey O'Malley
Director, HIV/AIDS Group
United Nations Development Programme

Acronyms and abbreviations

ART	Antiretroviral therapy
EPG	Expert Planning Group
CBO	Community-based organization
CSO	Civil society organization
HTC	HIV testing and counseling
LGBT	Lesbian, gay, bisexual, transgender (people)
M&E	Monitoring and Evaluation
MARPs	Most-at-risk populations
MSM	Men who have sex with men
NGO	Nongovernmental organization
PLHIV	People living with HIV
SOGI	Sexual orientation and gender identity
STI	Sexually transmitted infection
TA	Technical assistance
TG	Transgender (person)
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WSW	Women who have sex with women
WHO	World Health Organization

Scope and purpose of the meeting

Background

Sex between men is thought to account for between five and 10 per cent of HIV infections worldwide². Though data are limited, a growing body of research suggests that men who have sex with men (MSM) and transgender people in Eastern Europe and Central Asia (EECA) are also at a dangerously elevated risk of contracting HIV. Surveys in many cities of the region suggest HIV prevalence up to 10 times higher among MSM than in the general population.

The current response to HIV among MSM communities and transgender people in the region is largely failing to provide a basis for Universal Access (UA) among this key population. The issue is either essentially ignored due to lack of sufficient data and analysis, or marginalized with little resource allocation within national HIV programmes. The list of barriers to prevention, care, treatment and support programmes includes, but is not limited to, human rights violations, stigma and discrimination, lack of effective national policies and sufficient government support, inadequate funding, lack of sustainability and continuity of project activities, as well as the lack of biological and behavioral research in the region to better “know your epidemic”.

Strengthening the knowledge base and improving the implementation capacity for the prevention and treatment of HIV among MSM and transgender populations should be considered a priority for all countries and the region as a whole as part of a comprehensive effort to ensure Universal Access to HIV prevention, care and treatment. Yet efforts to raise the profile of dialogue on MSM and HIV in the EECA region have remained largely ad hoc within the context of periodic regional and international conferences.

In response to the situation, **UNDP** as lead UNAIDS Co-sponsor agency for HIV and men who have sex with men, in close partnership with **WHO**, as lead UNAIDS Co-sponsor agency for health sector response to HIV, **UNAIDS**, **UNFPA** and **community leaders** organized a regional consultation meeting on HIV epidemic in MSM and transgender people in Eastern Europe and Central Asia in Kyiv, Ukraine. The meeting was the first of its kind in the region.

The three-day meeting brought together more than 150 participants from civil society, government, donor organizations and the United Nations family focusing on the countries of Eastern Europe and Central Asia with shared historical, health system, Russian language and epidemiological profiles. Country delegations included the following: Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan. However, the consultation remained open to participation from other European countries including Bulgaria, Croatia, Serbia and others.

² HIV and sex between men. UNAIDS Policy Brief. UNAIDS, August 2006
http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/briefingnote/2006/20060801_policy_brief_msm_en.pdf

Objectives and Structure

The overall goal of the initiative was to promote an enabling environment for the realization of the “[UNAIDS Action Framework for Men who have Sex with Men \(MSM\) and Transgender People \(TG\)](#)” in the EECA region, including strengthening the evidence base for MSM and TG, improving the health sector response to HIV epidemic among this key population and ensuring respect of their human rights. Specific objectives for the consultation elaborated by the Expert Planning Group (EPG) included:

- *Address the relative ‘invisibility’ of MSM and TG as populations at risk within the HIV epidemic in the region to help increase awareness and inform policy and effective interventions.*
- *Facilitate knowledge exchange and joint development of best practice methodological approaches to HIV prevention, treatment and care among MSM and TG in the region.*
- *Strengthen mechanisms for collaboration and coordination across organizations and initiatives engaged in public health and HIV programming for MSM and TG in the region.*
- *Explore potential for programme funding in the region through sources including: domestic, bilateral, multilateral and private foundations including the Global Fund to fight AIDS, Tuberculosis and Malaria.*

The following consultation structure was elaborated by the EPG to address these objectives through the solicitation of contributions from key stakeholders working on HIV among MSM and TG:

- ***Invisibility (Day 1):*** *clarifying the evidence and strategic information base across issues such as population size, epidemiological surveillance, operational research, and broader monitoring and evaluation.*
- ***Best practices (Day 2):*** *examining regional and international best practice methodological approaches to HIV prevention, treatment and care among MSM and TG, for enhanced coherence and effectiveness in the region.*
- ***Moving forward (Day 3):*** *developing parameters of a regional level strategy to strengthen collaboration and coordination across organizations and stakeholders. This includes consideration of establishing an ongoing regional coordination mechanism.*

In addition, a one-day pre-consultation gathering was held for civil society members to address means of enhancing mutual understanding, consolidation and partnership across AIDS Service and LGBT organizations.

Planning and Participation

The United Nations agencies convening the consultation engaged an Expert Planning Group (EPG) of leading community representatives to assist in the planning and implementation of the regional consultation, ensuring community ownership. The EPG members brought diverse experience and geographic representation.

Efforts were made to ensure that country delegations included an appropriate mix of public health officials, including national AIDS coordinators, community members, civil society representatives, people

living with HIV, researchers and representatives of bilateral donors and international organizations including UNAIDS co-sponsor United Nations agencies. The working languages for the consultation were Russian and English.

Definition of MSM

According to the UNAIDS Action Framework, the term 'men who have sex with men' is used to describe those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being 'gay' or 'bisexual'. In using the term 'transgender people' we are referring primarily to transgender people whose initial given identity was male, but who now identify as female or who now exhibit a range of what are usually deemed female characteristics. Such 'male to female' transgender people have much higher rates of HIV infection than 'female to male' transgender people.

Summary of the event

The main outcomes of the event included:

- a set of recommendations, put forward by participants, that outline the priorities in overcoming barriers to an effective HIV response among MSM and TG communities for governments, civil society organizations, multilateral and bilateral agencies and donors; and
- the agreement to establish a regional coordination body to implement these recommendations.

The first day of the meeting focused on the **invisibility** of these populations and the importance of understanding and clearly defining issues around the population size of MSM and TG people, epidemiological surveillance mechanisms, operational research and broader monitoring and evaluation initiatives. Key note speeches presented an overview of available regional data on the HIV epidemic and its burden among MSM and TG people, information on the HIV/AIDS epidemiological situation in Ukraine, data provision and use in the Republic of Moldova, government interventions addressing the MSM community in Poland, the role of LGBT organizations in overcoming legal and structural barriers in Bulgaria and strategic interventions of the United Nations in the region.

Day two of meeting looked at examining regional and international best practice approaches to HIV prevention, treatment and care among MSM and TG for enhanced coherence and effectiveness. Presentations covered topics such as key points of the soon to be released WHO, UNAIDS and UNDP Guidelines for the prevention and treatment of HIV and other STIs among MSM and transgender people, addressing HIV-related issues in legal, policy, social and human rights environments for MSM and TG, MSM in prison settings, the importance of effective monitoring and evaluation for HIV prevention among MSM and TG, and community based HIV counseling and testing.

Daily working groups enabled participants to generate concrete recommendations for government, civil society organizations, multilateral and bilateral agencies and donors working on HIV prevention, treatment and care among MSM and TG included in this document. The working groups provided participants with the opportunity to look at main barriers and gaps to prevention, treatment and care and identify practical ways of overcoming them and providing a comprehensive package of interventions for MSM and TG people. Group division followed the subregional diversity and perspectives of different sectors (i.e. governmental, civil society), which allowed deeper discussions and appropriate contextualization of recommendations.

The last day of the meeting focused on discussions around possibilities for funding HIV prevention, treatment and care activities through a donor panel including speakers from the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund), the Foundation for AIDS Research (amfAR), the Netherlands' institute for homosexuality, health and well-being (Schorer), the Global Forum on MSM & HIV (MSMGF) and the United Nations family.

Concrete steps from the United Nations' perspective include:

1. WHO, UNDP and UNAIDS will finalize the global guidelines on HIV and STIs prevention and treatment in MSM and TG people. Offices in the European Region will consequently take on the

task to adapt the global guidelines to the regional context, including developing of a minimum set of indicators for monitoring;

2. The UNAIDS co-sponsors will host a regional consultation for EECA on Universal Access in March 2011. Some priority topic areas will directly focus on scaling up services for MARPs, including MSM.
3. WHO is preparing a European Action Plan on HIV/AIDS 2011-2015;
4. WHO will publish research on the HIV epidemic and response among MSM in Central and Eastern Europe and Central Asia;
5. UNDP and UNAIDS will be launching the Global Commission on Law and HIV. A regional dialogue planned for Chisinau in May 2011 will address issues including criminalisation of HIV transmission and practices such as drug use, sex work and same-sex relations, the legal and social status of women and access to HIV prevention and treatment services.
6. As United Nations agencies are formulating their 2011-12 work-plans, they will be looking at how to implement the recommendations, especially when working with governments and civil society organizations.
7. The United Nations will support each of the governments and civil society as they put together specific actions plans to take the recommendations forward. This could also include support in the form of resources and technical assistance.
8. It is crucial that activities based on the recommendations are community driven. The Expert Planning Group (EPG) has unanimously agreed to identify a small expert group of five people representing all subregions of EECA to start setting the parameters for the regional advocacy coordination body. Further discussions will be held in the next few months. The United Nations will also be looking at organizing meetings with the Asia Pacific Commission on Men's Health (APCOM) to exchange experience.

Preamble for the recommendations

HIV remains a major public health problem in Europe. From 2004 to 2009 newly diagnosed HIV cases increased by almost 30 per cent³. During that time, both in Central and Western Europe, the main route of HIV transmission has been sex between men. In Eastern Europe and Central Asia, where there is a sharp increase in the number of new HIV infections⁴, data show that the dominant modes of HIV transmission are heterosexual transmission and injecting drug use. Data on HIV transmission among MSM in EECA is very limited, and official statistics of public institutions do not reflect an accurate picture of the epidemic among this population.

Measures to address HIV among MSM and TG communities in the region, including youth, have for the most part not led to the achievement of universal access to services for this key population. The problem is either ignored due to the lack of necessary data and analysis, or it is assigned low priority within the national AIDS programmes due to the very low level of political commitment and resource support. The list of barriers to the implementation of programmes for HIV prevention, care, treatment and support includes, but is not limited to, such factors as the absence of effective national policies and adequate support from governments, inadequate funding, lack of stability and continuity of programme activities, as well the absence of biomedical and sociological (behavioral) studies for a more detailed analysis of the epidemic at the local level. Since widespread stigma and discrimination against MSM/LGBT people remains one of the key factors hindering the implementation of HIV programmes among this population, the present recommendations pay special attention to these issues.

Promoting an enabling environment for financing and implementing programmes for MSM and TG in the EECA region, including strengthening the evidence base, improving the health sector response to HIV in this population, human rights and sexual and reproductive health needs, should all be seen as priorities for all countries and the region as a whole, as part of comprehensive measures to ensure universal access to HIV prevention, treatment, care and support for all in need. These are in accordance with the UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender Persons⁵; the Council of Europe's Recommendations of the Committee of Ministers to Member States on measures to combat discrimination based on sexual orientation or gender identity⁶ and the Yogyakarta Principles on the Application of International Human Rights Law in relation to Sexual Orientation and Gender Identity⁷.

In response to this situation, United Nations agencies (UNDP, WHO, UNAIDS, UNFPA) in collaboration with the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) and civil society organizations, with the participation and support of governmental organizations, organized and conducted the regional consultation "Hidden epidemic: HIV, men who have sex with men and transgender people in Eastern Europe and Central Asia."

³ HIV/AIDS surveillance in Europe 2009. Stockholm: European Centre for Disease Prevention and Control/WHO Regional Office for Europe. http://www.euro.who.int/_data/assets/pdf_file/0009/127656/e94500.pdf

⁴ UNAIDS Report on the Global AIDS Epidemic, 2010. http://www.unaids.org/globalreport/Global_report.htm

⁵ Please see footnote 1

⁶

<https://wcd.coe.int/wcd/ViewDoc.jsp?id=1606669&Site=CM&BackColorInternet=C3C3C3&BackColorIntranet=EDB021&BackColorLogged=F5D383>

⁷ http://www.yogyakartaprinciples.org/principles_en.htm

The regional consultation was held in Kyiv, Ukraine, on 22-24 November 2010, and was attended by more than 150 people from 30 countries, including Eastern Europe, Central Asia and other countries of the European Region and the world. The consultation included representatives of civil society organizations, governmental agencies, institutions and bodies, international and donor organizations, academics, researchers, medical professionals, people living with HIV and leaders of MSM and LGBT communities.

The consultation provided an opportunity for participants to exchange experiences, learn from best practices in HIV prevention among MSM and TG in the region, assess the problems and gaps in this area, and strengthen partnerships to promote universal access to HIV prevention, treatment, care and support.

According to the results of the regional consultation, participants presented recommendations that outline the priorities in overcoming barriers to an effective HIV response among MSM and TG communities for governments, civil society organizations, multilateral and bilateral agencies and donors in Eastern Europe and Central Asia, briefly referred to as "Kyiv recommendations for MSM and transgender people – 2010." These recommendations have been structured into three main categories in accordance with the themes of working days of the consultation: (1) the invisibility of the epidemic, (2) planning and implementation of programmes for HIV prevention, treatment, care and support, and (3) human rights, stigma and discrimination. Each of the three themes featured recommendations for governments and public organizations, nongovernmental HIV-service organizations, LGBT organizations and the private sector. A separate category with recommendations for donor and international organizations is included.

These recommendations are addressed to the following countries in Eastern Europe and Central Asia: **Armenia, Azerbaijan, Belarus, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Republic of Moldova, the Russian Federation, Tajikistan, Turkmenistan, Ukraine and Uzbekistan.**

Recommendations

All stakeholders involved in planning and implementation of programmes addressing the HIV infection among MSM/LGBT people in Eastern Europe and Central Asia should take the following steps:

The “Invisible” Epidemic

A. National authorities and government institutions:

1. To recognize MSM/LGBT people’s vulnerability to the HIV epidemic in national HIV strategies and other relevant legislations on HIV and AIDS;
2. To plan and provide resources for developing and conducting research in the MSM/LGBT community with the involvement of civil society: NGOs working in HIV-service provision and LGBT organizations.
3. To standardize the methodology for sentinel surveillance (SS) and to include MSM/LGBT people in the SS system;
4. To carry out extensive qualitative and quantitative research, together with civil society organizations, including NGOs working in HIV-service provision and LGBT organizations, in order to get the most accurate and comprehensive data on the estimated number of MSM/LGBT and developments and trends of HIV infection among MSM/LGBT people;

4.1. To standardize the methodology of studies on the population size of MSM/LGBT people and their subgroups: MSM living with HIV, MSM injecting drug users (IDUs), MSM sex workers (SW), transgender (TG), women who have sex with women (WSW) as well as men in confined settings: prisoners in confinement, army, cadets of military schools and other.

4.2. Biomedical and behavioral research to include:

a) The assessment of socio-demographic factors such as age, geographic origin, sexual orientation and gender/sexual identity, social status, family status, including heterosexual marriage, same-sex partnerships, and other forms of co-habitation, the average age of the first intercourse and other;

b) The assessment of the prevalence of HIV and other sexually transmitted infections (STIs), as well as questions and indicators to assess the dynamics of the epidemic among these groups (for example, the indicators recommended by the General Assembly’s Special Session on HIV/AIDS - UNGASS⁸ and additional indicators provided by WHO, UNICEF and UNAIDS⁹);

c) The assessment of risk and sexual behavior.

⁸ Monitoring the Declaration of Commitment on HIV/AIDS. Guidelines on construction of core indicators. 2010 Reporting, UNAIDS.

http://www.unaids.org/en/media/unaids/contentassets/dataimport/pub/manual/2009/jc1676_core_indicators_manual_09_en.pdf

⁹ A guide on indicators for monitoring and reporting on the health sector response to HIV/AIDS. WHO, UNICEF, UNAIDS December 2009.

http://www.who.int/hiv/data/ua10_indicator_guide_en.pdf

Planning and implementation of HIV prevention, treatment, care and support programmes for MSM/LGBT

A. National Governments and public institutions:

5. To provide necessary resources to implement programmes on HIV prevention, treatment, care and support for MSM/LGBT within the national HIV strategies;
6. To plan and implement programmes on HIV prevention, treatment, care and support for MSM/LGBT considering the needs of these groups and involving the participation of civil society: NGOs working in HIV-service provision and LGBT organizations;
7. To plan and develop special programmes to prevent HIV and other STIs among women who have sex with women;
8. To plan, develop and implement special programmes to prevent HIV and other STIs among transgender people, including the promotion and organization of access to hormone replacement therapy and sex reassignment procedures on a non-discriminatory basis;
9. To include representatives of LGBT organizations in Country Coordinating Mechanisms (CCM) on HIV/AIDS, as well as local-level coordinating councils on HIV/AIDS (administrative entities of countries);
10. To ensure development of evidence-informed interventions, in compliance with international standards and protocols, for HIV testing and counseling (HTC), as well as diagnosis and treatment of HIV and STIs, and to ensure access of MSM/LGBT to these services;
11. To strengthen monitoring and evaluation (M&E) to include M&E systems with quality indicators, indicators of access for MSM/LGBT and their subgroups to HIV prevention, treatment, care and support services;
12. To develop an evidence-informed system of evaluation of the effectiveness of HIV prevention, treatment, care and support among MSM/LGBT and their subgroups, including cost-effectiveness of these programmes.

B. NGOs working in HIV-service provision:

13. To eliminate any form of discrimination based on sexual orientation and gender identity (SOGI) in planning and implementing programmes for HIV prevention, treatment, care and support among MSM/LGBT;
14. To develop and implement evidence-informed HIV prevention, treatment, care and support interventions for different subgroups of MSM/LGBT: MSM living with HIV, MSM IDU, MSM SWs, MSM minors, MSM prisoners, soldiers, cadets of military schools, etc., as well as among women who have sex with women;

15. To support and provide advice to LGBT community organizations in developing and implementing programmes on LGBT issues and human rights in the health care sector, as well as HIV prevention, treatment, care and support interventions for MSM/LGBT and their subgroups;
16. To recognize HIV-positive MSM as a distinct target group with special needs when planning and implementing programmes for HIV prevention, treatment, care and support.

C. LGBT organizations:

17. To develop and/or include in existing programmes support to LGBT issues in the context of HIV, including issues of advocacy and monitoring of MSM/LGBT rights violations in the health sector;
18. To promote community mobilization HIV-positive MSM/LGBT;
19. To develop partnerships with NGOs working in HIV-service provision, faith-based and governmental organizations and institutions in the field of human rights, HIV prevention, treatment, care and support.

D. All stakeholders, including government, international and youth based organizations, NGOs working in HIV-service provision organizations, LGBT organizations and the private sector (at country and international levels):

20. To jointly develop a resource mobilization strategy for use in HIV prevention, treatment, care and support among MSM/LGBT;
21. To develop and implement technical assistance for organizations working on HIV-related issues among MSM/LGBT, in particular:
 - 21.1. To assess the needs for technical assistance among organizations working in the field of HIV prevention, treatment, care and support for MSM and LGBT people;
 - 21.2. To develop plans/programmes for technical assistance that would take into account the accumulated experience of the EECA region and best evidence-informed successful practices in other regions (e.g. Western Europe, Asia, etc.);
22. United Nations' agencies: to support the development of technical assistance plans in the areas of HIV prevention, treatment, care and support for MSM/LGBT;
23. To develop and implement a model of MSM/LGBT-friendly centers at the community level with priority activities addressing HIV and other STIs;
24. To develop and implement approaches and models for HIV prevention, treatment, care and support for different subgroups of MSM/LGBT including MSM IDUs, MSM CSWs, MSM minors, TG, MSM in prisons, soldiers, cadets of military schools and other. Special attention needs to be paid to positive prevention programmes MSM/LGBT living with HIV;

25. To include gay and LGBT information resources and engage media when developing and implementing information and education interventions and campaigns on HIV prevention, treatment, care and support for MSM/LGBT people, including issues of stigma, discrimination, tolerance and civil equality;
26. To involve the private (business) sector in the implementation of HIV prevention, treatment, care and support interventions for MSM/LGBT people;
27. To ensure access of science-based information about TG people to all relevant stakeholders in national languages.

Environment, human rights, stigma and discrimination

A. States and all interested parties (at country and international levels):

Human rights abuses including stigma and discrimination,

28. To politically condemn discrimination on the basis of sexual orientation and gender identity (SOGI);
29. To repeal all discriminatory laws and legislations that criminalize voluntary same-sex sexual relations between persons who have reached the "age of consent";
30. To protect data on SOGI collected by health and law enforcement agencies and ensure the use of this information solely for legitimate purposes.
31. To take systematic action to address homophobia and prevent acts of aggression, violence and psychological pressure on MSM/LGBT from the staff (personnel) of law enforcement agencies (police);
32. To take preventive and disciplinary actions for ethical violations by medical personnel, including the disclosure of sexual orientation and gender identity of the patient, inadequate provision of necessary patient care and other acts of stigma and discrimination;
33. To provide effective, prompt and impartial investigation of crimes and other incidents, in which SOGI is a conscious motive. Determine the incentive for a crime committed where SOGI was an aggravating factor of the crime;
34. To take legislative measures to combat acts aimed at promoting hatred or enmity, as well as the humiliation of a person or group of persons on grounds SOGI committed publicly or through the media;
35. To implement approaches to work with faith-based organizations on the expression, practice and promotion of different opinions, convictions and beliefs with respect to SOGI and based on human rights.

Laws and regulations

36. To respect standards of WHO and the International Classification of Diseases, tenth revision (ICD-10) and take appropriate measures to prevent the classification of homosexuality and bisexuality (same-sex sexual conduct) as a disease;
37. To revise ICD-10 and exclude transsexualism from category V “Mental and behavioral disorders” moving it from section F60-F69 “Disorders of adult personality and behaviour” code F64.0 to category XXI “Factors influencing health status and contact with health services ” section Z40-Z54 - “Persons encountering health services for specific procedures and health care”;
38. To legalize same-sex partnerships;
39. To remove legal punishments and sanctions that are specific to HIV, including HIV-specific laws on transmission and instead apply general criminal law to cases of intentional transmission.

Activities of organizations

40. To take appropriate measures to realize the right to freedom of association without discrimination on the basis SOGI.
41. To ensure equal access to non-state organizations, in particular NGOs working in HIV-service provision and LGBT organizations, government funding, without discrimination on the grounds of SOGI.
42. To develop and implement programmes aimed at promoting tolerance and overcoming AIDS-phobia, homophobia and transphobia.

Education

43. To develop and implement programmes aimed at improving legal awareness of MSM/LGBT;
44. To include in education curricula components aimed at increasing tolerance in matters of SOGI and understanding the specific needs of MSM/LGBT people.

Donor Support

A. International and Donor Organizations:

45. To pay special attention to the needs of organizations working in the field of HIV prevention, treatment, care and support among MSM/LGBT people in the EECA region while developing plans for funding and support;
46. To ensure the involvement of MSM/LGBT community representatives in the planning and programming of funding and assistance for HIV prevention, treatment, care and support in the region and individual countries;

47. Governments and civil society organizations of the Baltic States: to lobby for the interests of the region through the delegation of the European Union (EU) and individual countries - EU members, including the board of the Global Fund;
48. Global Fund: to make targeted efforts to raise awareness of the LGBT community in EECA in the processes of the Global Fund, including participation in the CCM, strategy for SOGI and other strategies for the preparation of applications for funding, technical support and other.

Next Steps

For effective implementation of these recommendations all relevant parties need to take the following priority steps:

1. To ensure close cooperation and partnership in planning and implementing of HIV prevention, treatment, care and support programmes for MSM/LGBT people in EECA among all stakeholders including United Nations' agencies (UNDP, UNAIDS, WHO, UNFPA), Global Fund, state organizations and agencies, civil society organizations, international and donor organizations and the private (business) sector;
2. United Nations agencies to support discussions on these recommendations at the country level with the participation of all stakeholders, including broad dissemination to all stakeholders as defined by the recommendations;
3. To support the creation and contribute to the development of a regional mechanism of resource support and coordination in combating the HIV epidemic among MSM/LGBT;
4. To conduct bi-annual regional and country consultations on the HIV epidemic among MSM/LGBT people in EECA.

Annex 1: Agenda

A Hidden Epidemic: HIV, Men Who Have Sex With Men and Transgender People in Eastern Europe and Central Asia

Regional Consultation

Kiev, 22-24 November 2010

Day 1 – Addressing “Invisibility” (Monday, 22 November 2010)

Objective: To clarify the evidence and strategic information base across issues such as population size, epidemiological surveillance, operational research, level of existing programmatic support and the broader legal & political context as factors of ‘invisibility’.

Time	Presenters/Topic
8.00 – 9.00	Registration and coffee/tea
9.00 – 9.10	Welcome & Introduction <u>Speakers:</u> Denis Broun, Director, UNAIDS RST Dzmitry Filippau, Director, menZDRAV Foundation, Russian Federation
9.10 – 9.40	Keynotes: Issues and developments around HIV, MSM & TG people <u>Co-chairs:</u> Denis Broun, Director, UNAIDS RST Dzmitry Filippau, Director, menZDRAV Foundation, Russian Federation <u>Speakers:</u> Jeffrey O’Malley, HIV/AIDS Group Director, UNDP Gennadiy Roshupkin, Consultant on programme and management issues, League of PLWH, Republic of Moldova
9.40 – 10.45	Overview of the MSM epidemic and programmatic response in EECA <u>Co-chairs:</u> Denis Broun, Director, UNAIDS RST Dzmitry Filippau, Director, menZDRAV Foundation, Russian Federation <u>Speakers:</u> Smiljka de Lussigny, Advocacy and Technical Officer, WHO Regional Office for Europe Lucy Reynolds, Researcher, London School of Hygiene and Tropical Medicine <u>Comments from the host government:</u> Natalya Nizova, Director, National AIDS Centre, Ukraine
10.45– 11.15	Coffee break

16.00-16.30	<p>Addressing inaccessibility – country experiences</p> <p><u>Co-chairs:</u> Bolot Ermekov, Secretariat of the Country Multisectoral Coordination Committee, Kyrgyzstan Shrombi Sharp, Regional HIV/AIDS Practice Leader, UNDP Karen Badalyan, President, NGO We for civil Equality, Armenia</p> <p><u>Speaker:</u> Nino Tsereteli, Executive Director, NGO Tanadgoma, Georgia</p> <p><u>Speaker:</u> Applying data from Europe programming for HIV prevention among MSM – From data collection to data use, the Moldovan experience</p>
16.30-17.30	<p>Facilitated discussion/ regional recommendations</p> <p><u>Panel:</u> Stefan Gheorghita, National AIDS Center, Otilia Scutelnicu, National AIDS Center, Veaceslav Mular, NGO Gender Doc-M, Kyrgyzstan</p> <p><u>Co-chairs:</u> Bolot Ermekov, Secretariat of the Country Multisectoral Coordination Committee, Kyrgyzstan</p>
11.15 – 12.45	<p><u>Presentation:</u> Governmental response to HIV epidemic in MSM and transgender people: programmatic approach. Example of Poland <u>Speaker:</u> Joanna Glazewska, National AIDS Centre, Poland</p> <p><u>Presentation:</u> Role of LGBT organizations in overcoming legal and structural barriers – example of a good practice at a country level: Bulgaria <u>Speaker:</u> Dim Dukov, Chairman of the Board, Queer Bulgaria Foundation, Bulgaria</p> <p><u>Presentation:</u> Regional responses to HIV and transgender people – presenting the research about needs and existing programmes <u>Speaker:</u> Timur Lisenko, Coordinator of transgender activities, NGO Insite, Ukraine</p>
12.45 – 13.00	<p>Break-out group Instructions</p> <p><u>Co-chairs:</u> Shombi Sharp, Regional HIV/AIDS Practice Leader, UNDP, Karen Badalyan, President, NGO We for civil Equality, Armenia</p>
13.00 – 14.00	Lunch
14.00 – 15.30	<p>Break-out groups:</p> <p>Each group will address the following questions:</p> <ul style="list-style-type: none"> - What has been their experience with the accessibility and availability of information about HIV epidemic in MSM and TG? What do we know, what do we not know, what do we need to know? - What are the major gaps in programmatic response for MSM, like coverage, quality and effectiveness? - What are the major environmental factors, such as legislation and policies, stigma and discrimination, human rights; political leadership, financial commitment that are barriers to effective response? - What can their sector do in order to address these issues? <p>Group moderators:</p> <p>Group 1. Governmental organizations: Elena Vovc, WHO Country Office in Russian Federation, Manoela Grozdanova, UNAIDS</p> <p>Group 2. MSM HIV-service organizations: Dudley Tarlton UNDP, Vladimir Averin, Chairman of the Board, NGO Siberian Alternative, Russian Federation</p> <p>Group 3. LGBT organizations: Sergey Dubovskiy, Director, SANAM Foundation, Russian Federation</p>
15.30 – 16.00	Coffee break

Day 2 – Best practices /An evidence-based package of services for MSM and TG in relation to HIV (Tuesday, 23 November)

Objective: examining regional and international best practice methodological approaches to HIV prevention, treatment and care among MSM and TG, for enhanced coherence and effectiveness in the region.

Time	Presenters/Topic
9.00 – 9.15	<p>Brief overview of day 1/ agenda and goals for the day <u>Co-chairs:</u> Aljona Kurbatova, Infectious diseases and drug abuse prevention department, National Institute for Health Development, Estonia Yury Sarankov, Regional Advisor, AIDS Foundation East-West, Ukraine</p>
9.15 – 10.45	<p>Comprehensive services and enabling environments for the prevention and treatment of HIV and other STIs among MSM and transgender people <u>Co-chairs:</u> Aljona Kurbatova, Infectious diseases and drug abuse prevention department, National Institute for Health Development, Estonia Yury Sarankov, Regional Advisor, AIDS Foundation East-West, Ukraine</p> <p>Each presentation max. 15 minutes</p> <p><u>Presentation:</u> Guidance for the prevention and treatment of HIV and other STIs among MSM and transgender people <u>Speaker:</u> Martin Donoghoe, Programme Manager, HIV/AIDS, STI and VH Programme WHO Regional Office for Europe</p> <p><u>Commentary:</u> Importance of linkages with sexual and reproductive health and HIV (5 min), Giorgi Pkhakadze, Programme Specialist HIV/AIDS, UNFPA</p> <p><u>Presentation:</u> Addressing HIV-related issues in the legal, policy, social and human rights environment for MSM and TG people <u>Speaker:</u> Edmund Settle, HIV Policy Specialist for Asia and Pacific, UNDP</p> <p><u>Presentation:</u> Towards a minimum package of services <u>Speaker:</u> Anna Dovbakh, Head of team: Policy & Knowledge Sharing, International HIV/AIDS Alliance in Ukraine, Ukraine</p> <p><u>Presentation:</u> Monitoring and Evaluation of HIV Prevention for MSM linking data to program planning, implementation, and advocacy <u>Speaker:</u> Michelle Williams-Sherlock, Regional M&E Advisor, UNAIDS</p>
10.45 – 11:00	<p>Coffee break</p>
11.00 – 12.45	<p>UNAIDS Action Framework: Universal Access for Men who have Sex with Men and Transgender People in practice – regional examples, best practice & challenges across risk behaviours and key populations at risk</p> <p><u>Co-chairs:</u> Alexey Mazus, Head, Moscow AIDS Center, Russian Federation Zoryan Kis, Director, NGO “Fulcrum”, Ukraine</p> <p>Each presentation max. 15 minutes</p> <p><u>Presentation:</u> Community-based HIV testing and counselling</p>

	<p><u>Speaker:</u> Ricardo Fuertes, Coordinator, MSM prevention programmes, GAT, Portugal</p> <p><u>Presentation:</u> MSM in prisons</p> <p><u>Speaker:</u> Olena German, NGO Penitentiary initiative, Ukraine</p> <p><u>Commentary:</u> Interventions for MSM who don't consider themselves gay (5 min). Oleg Eryomin, Chairman of the Board, NGO "Meeting", Belarus</p> <p><u>Commentary:</u> Transgender invisibility in healthcare: Roots & Solutions. Kirill, Head of "FtM Phoenix" Group, Russian Federation (5 minutes)</p> <p><u>Presentation:</u> Services for MSM living with HIV: treatment, care and support</p> <p><u>Speaker:</u> Anton Kisilyov, NGO "Ural-Positive", Russian Federation</p> <p><u>Presentation:</u> Empowering young MSM people to protect themselves from HIV</p> <p><u>Speaker:</u> Giorgi Pkhakadze, Programme Specialist HIV/AIDS, UNFPA</p>
12.45 – 13.00	<p>Break-out group Instructions</p> <p><u>Co-chairs:</u> Alexey Mazus, Head, Moscow AIDS Center, Russian Federation Zoryan Kis, Director, NGO "Fulcrum", Ukraine</p>
13.00 – 14.00	Lunch
14.00 – 15.30	<p>Break-out groups: Barriers and constraints related to programmatic responses; the ways of overcoming them</p> <p>Groups to be divided by subregions: Baltics, Eastern Europe, Caucasus, Central Asia</p> <p>Group moderators:</p> <p>Group 1. Baltic States: Vitaly Zhumagaliev, Global Fund, Latsin Aliev, Member of Board, NGO "Estonian Network of PLHIV", Estonia</p> <p>Group 2. Eastern Europe: Konstantin Dumchev, WHO UKR, Andrey Beloglazov, LaSky Project Manager, PSI-Russia, Russian Federation</p> <p>Group 3. Caucasus: Javahir Suleymanova, WHO AZE, Andrei Brighidin, UNDP MDA</p> <p>Group 4. Central Asia: Saleban Omar, UNDP TJK, Azamat Baialinov, UNFPA KGZ</p>
15.30 – 16.00	Coffee break
16.00-16.30	<p>Group report backs</p> <p><u>Co-chairs:</u> Ajgul Katrenova, Expert, State sanitary and epidemiological surveillance committee, Ministry of Health, Kazakhstan Kiromiddin Gulov, Director, NGO "Equal opportunity", Tajikistan</p> <p><u>Speakers:</u> Group rapporteurs</p>
16.30-17.30	<p>Facilitated discussion/ regional recommendations</p> <p><u>Co-chairs:</u> Ajgul Katrenova, Expert, State sanitary and epidemiological surveillance committee, Ministry of Health, Kazakhstan Kiromiddin Gulov, Director, NGO "Equal opportunity", Tajikistan</p>

Day 3 – Moving Forward: Recommendations, coordination & advocacy (Wednesday, 24 November)

Objective: to develop parameters of a regional level strategy to strengthen collaboration, coordination across organizations and stakeholders and funding sources. This includes consideration of establishing an ongoing regional coordination mechanism.

Time	Presenters/Topic
9.30 – 9.45	<p>Brief overview of day 2/ agenda and goals for the day</p> <p><u>Co-chairs:</u> Larisa Bochkova, senior epidemiologist, National HIV/AIDS monitoring centre, Ukraine Evgeny Pisemsky, Chairman of the Board, NGO “Phoenix Plus”, Russian Federation</p>
9.45 – 10.45	<p>Building regional mechanisms for coordination, advocacy and resource mobilization –</p> <p><u>Co-chairs:</u> Larisa Bochkova, senior epidemiologist, National HIV/AIDS monitoring centre, Ukraine Evgeny Pisemsky, Chairman of the Board, NGO “Phoenix Plus”, Russian Federation</p> <p><u>Speakers:</u> Experience from Asia, Edmund Settle, HIV Policy Specialist for Asia and Pacific, UNDP Global experience, Pato Hebert, Senior Education Associate, Global Forum on MSM and HIV (MSMGF)</p>
10.45– 11.00	<p>Coffee break</p>
11.00 – 12.30	<p>Resource mobilization and new opportunities in the region – Donor panel</p> <p><u>Moderators:</u> Shombi Sharp, Regional HIV/AIDS Practice Leader, UNDP, Roman Dudnik, Regional Director Central Asia, AIDS Foundation East-West (AFEW)</p> <p><u>Speakers:</u> Andy Seale, Senior Advisor for Sexual and Gender Diversity, Global Fund Jirair Ratevosian, M.P.H. Deputy Director, Public Policy, amfAR, Pato Hebert, Senior Education Associate, MSMGF Marina Haletskaya, Program Manager HIV Rapid Testing, William J. Clinton Foundation Bram Langen, Senior Program Officer of International Projects, Schorer</p>
12.30- 13.30	<p>Lunch</p>
13.30 – 15.00	<p>Consensus on next steps and consultation outcome paper</p> <p><u>Facilitator:</u> Smiljka de Lussigny, Technical and Advocacy Officer, WHO Regional Office for Europe Anna Dovbakh, Head of team: Policy & Knowledge Sharing, International HIV/AIDS Alliance in Ukraine</p>
15.00 – 15.30	<p>Closing</p> <p><u>Co-chairs:</u> Smiljka de Lussigny, Technical and Advocacy Officer, WHO Regional Office for Europe Anna Dovbakh, Head of team: Policy & Knowledge Sharing International HIV/AIDS Alliance in Ukraine</p> <p><u>Speakers:</u> Nikolay Nedzelsky, Independent Consultant, Web-project AIDS.ru, Russian Federation</p>

	Olivier Adam, United Nations Resident Coordinator in Ukraine
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Annex 2: List of participants

33.	Dovbakh	Ganna	International HIV/AIDS Alliance in Ukraine	Ukraine
34.	Dovgopol	Ganna	NGO "Gay Forum of Ukraine"	Ukraine
35.	Dubovsky	Sergey	SANAM Foundation	Russian Federation
36.	Dudnik	Roman	AIDS Foundation East-West	Kazakhstan
37.	Dukov	Dim	Queer Bulgaria Foundation	Bulgaria
38.	Eremin	Oleg	NGO "Vstrecha"	Belarus
39.	Ermekeov	Bolot	Secretariat of the Country Multisectoral Coordination Committee (CMCC)	Kyrgyzstan
40.	Filippau	Dzmitry	menZDRAV Foundation	Russian Federation
41.	Fuertes	Ricardo	NGO "GAT"	Portugal
42.	German	Olena	NGO "Penitenciarna iniciativa"	Ukraine
43.	Geydar	Layma	NGO "Informational Education Center "Womens Network"	Ukraine
44.	Gheorghita	Stefan	National AIDS Centre	Republic of Moldova
45.	Głazewska	Joanna	National AIDS Center	Poland
46.	Grđan	Kristijan	NGO "ISKORAK", UNDP	Croatia
47.	Grisle	Gunta	Ministry of Health, Department of Health Policy Planning	Latvia
48.	Grozdanova	Manoela	UNAIDS	Regional
49.	Gulov	Kiromiddin	NGO "Equal Opportunities"	Tajikistan
50.	Hebert	Patrick	The Global Forum on MSM & HIV (MSMGF)	United States
51.	Hryshaeva	Iryna	Clinton Health Access Initiative	Ukraine
52.	Jeršovs	Edgars	NGO "Mozaika"	Latvia
53.	Jovovic	Iva	UNDP	Croatia
54.	Kadribasic	Mirela	UNDP	Bosnia and Herzegovina
55.	Kamarauli	Ia	Healthcare Department; Public Health and Health Program Division	Georgia
56.	Karaban	Inna	MoH	Belarus
57.	Karamyan	Lusine	Yerevan State University, Faculty of Sociology, Department of Social Work and Social Technologies, Eurasian University, Department of management	Armenia
58.	Karasiichuk	Taras	NGO "Gay Alliance Ukraine"	Ukraine
59.	Karpachova	Nina	Verkhovna Rada of Ukraine	Ukraine
60.	Kasianczuk	Maksim	NGO "Donbas-SocProject"	Ukraine
61.	Katrenova	Ajgul	MOH	Kazakhstan
62.	Kearns	Megan	USAID	United States
63.	Kepuladze	Kakhaber	NGO "Tanadgoma"	Georgia
64.	Khasiyev	Shahin	National AIDS Centre	Azerbaijan
65.	Kis	Zoryan	NGO " Fulcrum"	Ukraine
66.	Kisilyov	Anton	NGO "Ural – Positive"	Russian Federation

105.	Rudomanski s	Katerina	UNDP	Ukraine
106.	Ruziev	Artūras	NGO "Association of tolerant youth"	Lithuania
107.	Rybalchenko	Murodali	Republican AIDS Center, MoH	Tajikistan
108.	Rzayev	Kamran	NGO "Gender and Development"	Azerbaijan
109.	Saavedra	Jorge	AIDS Healthcare Foundation (AHF)	Netherlands
110.	-	Kirill	"FtM Phoenix" Group	Russian Federation
111.	Saghumyan	Lusine	NGO "Public Information and Need of Knowledge"	Armenia
112.	Sander	Dirk	Deutsche AIDS Hilfe	Germany
113.	Sanovska	Victoria	Ministry of Family, Youth and Sport	Ukraine
114.	Sarankov	Yury	AIDS Foundation East-West	Ukraine
115.	Sattorov	Khurshed	NGO "Equal Opportunities"	Tajikistan
116.	Sauhat	Sergei	Rospotrebnadzor, Rostov-na-Donu	Russian Federation
117.	Scutelnicuic	Otilia	National AIDS Centre	Republic of Moldova
118.	Seal	Andy	Global Fund	Switzerland
119.	Sebiskveradze	Giorgi	MSM Community Representative	Georgia
120.	Settle	Edmund	UNDP	Regional
121.	Shabarova	Zoya	AIDS Healthcare Foundation (AHF)	Netherlands
122.	Shain	Khasiyev	National AIDS Centre	Azerbaijan
123.	Sharp	Shombi	UNDP	Regional
124.	Sheremet	Svyatoslav	NGO "Gay Forum of Ukraine"	Ukraine
125.	Sheraliev	Kakhramon	NGO "Youth Legal Support Center"	Tajikistan
126.	Shevchuk	Alexander	Ministry of Interior	Belarus
127.	Shukhov	Vladimir	Medico-stomatological University	Russian Federation
128.	Shushanyan	Zaruhi	NGO "We For Civil Equality"	Armenia
129.	Sichkar	Olena	Ministry of Family, Youth and Sport	Ukraine
130.	Simonko	Vladimiras	NGO "Lithuanian Gay League"	Lithuania
131.	Skakunov	Sergey	NGO "Adali"	Kazakhstan
132.	Slobizian	Vitalie	Soros Foundation – Moldova	Republic of Moldova
133.	Sobolev	Igor	NGO "Estonian Network of PLHIV"	Estonia
134.	Sozaev	Valery	Russian LGBT Network, NGO "Exit"	Russian Federation
135.	Stoniene	Loreta Stoniene	NPO UNODC	Lithuania
136.	Suleymanov a	Javahir	WHO	Azerbaijan
137.	Sydygaliev	Aziz	"Indigo" Group	Kyrgyzstan
138.	Tarlton	Dudley	UNDP	Regional
139.	Trofimenko	Lesya	Centre of Social Expertise	Ukraine
104.	Roshupkin	Gennadiy	NGO "League of PLHIV in Moldova"	Republic of Moldova

140.	Tsereteli	Nino	NGO "Tanadgoma"	Georgia
141.	Tsintsadze	Maia	National AIDS Center	Georgia
142.	Tymoshenko	Olga	SIDA	Ukraine
143.	Uusen	Rain	HMSX International Development Team	Estonia
144.	Vassiljev	Vjatseslav	NGO "ESPO Estonia"	Estonia
145.	Veljkovic	Vladimir	NGO "SPY"	Serbia
146.	Volosevych	Inna	GFK Ukraine	Ukraine
147.	Vovc	Elena	WHO	Russian Federation
148.	White	Terry	Eton John AIDS Foundation	Ukraine
149.	Wiessner	Peter	European AIDS Treatment Group	Belgium
150.	Williams-Sherlock	Michelle	UNAIDS,	Regional
151.	Zarubinsky	Oleg	Committee on Human Rights, National Minorities and International Relations	Ukraine
152.	Zeynalov	Halid	NGO "Clean World"	Azerbaijan
153.	Zuev	Ruslan	NGO "Rainbow"	Russian Federation